



DENTAL BOARD OF CALIFORNIA
 1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241
 Telephone: (916) 263-2300 Fax: (916) 263-2140
www.dbc.ca.gov



APPLICATION FOR SPECIAL PERMIT

Business & Professions Code §§ 1640-1642
 Title 16 CCR §§ 1027-1027.1

See **Information** for completing and filing this application. Please read carefully and answer each question fully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

FOR OFFICE USE ONLY

Receipt _____ RC # _____
 Application _____ Fingerprints _____
 Date Cashiered _____
 SP # _____ Approval Date _____

Fees (Non-Refundable): Application - \$550

Fingerprint Cards - \$ 56

(If *Live Scan* in California, pay to *Live Scan* Processor)

(Please type or print legibly)			
Name: Last		First	Middle
List other names you have used, including maiden name: (If change was made by a court order, attach a <i>Certified Copy</i>)			
Street Address:		City	State Zip
Birthdate: (Mo/Day/Yr)	Sex (Circle One) Male Female	Social Security No.	Telephone Number ()
School of Dentistry with which applicant has a current or pending employment contract. <input type="checkbox"/> University of Southern California <input type="checkbox"/> University of California, San Francisco <input type="checkbox"/> University of California, Los Angeles <input type="checkbox"/> University of the Pacific <input type="checkbox"/> Loma Linda University			Name of the specialty or discipline you will be practicing. <hr/> Status of employment: <input type="checkbox"/> Full-Time Professor <input type="checkbox"/> Full-Time Associate Professor <input type="checkbox"/> Full-Time Assistant Professor

Dental Education

Name & Location of institution attended	Period of Attendance (Month/year)	Degree Awarded	Date Awarded

Post Graduate Study – provide copies of completion certificates

1. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of specialty _____ Board eligible ☐ Diplomate ☐ Other _____
2. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of specialty _____ Board eligible ☐ Diplomate ☐ Other _____

Advanced Dental Education Program at a dental college approved by the Board – provide copies of completion certificates.

1. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of discipline _____
2. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of discipline _____

Certification of Dean of Dental College where degree was earned:

I hereby certify under penalty of perjury under the laws of the State of California that

_____ matriculated in the _____

Dental College the _____ day of _____, and attended _____ years, graduating with the degree of _____ on the date of _____ in the year _____.

Seal of the College
or University

Signature of Dean

Have you ever been charged with, or been found to have committed unprofessional conduct, incompetence, gross negligence, or repeated negligent acts or malpractice by any dental licensing board or any other agency? ☐ Yes ☐ No

Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders or letters of warning regarding any healing arts license which you now hold or have ever held? ☐ Yes ☐ No

Have you ever been denied a license, or permission to practice dentistry, or permission to take an examination in any state (including California), country, or U.S. Federal jurisdiction? ☐ Yes ☐ No

In lieu of discipline or with charges pending, have you ever voluntarily surrendered a license to practice dentistry in another state or country? ☐ Yes ☐ No

Has permission to prescribe controlled substance from DEA ever been suspended, revoked or denied? ☐ Yes ☐ No

Do you have any condition which in any way impairs or limits your ability to practice dentistry with reasonable skill and safety, including but not limited to the following:

- A condition which required admission to an inpatient psychiatric treatment facility.
- Alcohol or chemical substance dependency or addiction.
- Emotional, mental or behavioral disorder.

☐ Yes ☐ No

Have you ever been convicted of any offense, misdemeanor, or felony in any state, federal jurisdiction, or a foreign country? You must report **ANY** misdemeanor or felony convictions, as well as infractions specified in § 19.8 of the Penal Code. You must report these offenses even if by pleas of nolo contendere (no contest), irrespective of a subsequent order that expunges the criminal record under the provisions of § 1203.4 of the Penal Code. This section requires you to report any conviction to any state or local licensing agency even if the conviction is dismissed under the provisions of this section. **Falsely answering no to this question may result in the denial of your application or subjecting your license to discipline pursuant to § 480(c) of the Business & Professions Code.**

☐ Yes ☐ No

Have you ever been subject to any malpractice judgment or settlement? ☐ Yes ☐ No

Do you have any reports on the National Practitioner Database other than items listed above that you know of? ☐ Yes ☐ No



If you have answered yes to any questions **above**, see Information for requirements.

Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)? ☐ Yes ☐ No

If Yes, enter DEA number _____

DECLARATION

I am the applicant for a special permit referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Dental Board of California any information, files or records requested by the Dental Board in connection with the processing of this application.

My signature on this application, or a copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Dental Board of California.

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments hereto are true and correct.

Date

Signature of Applicant

NOTE: The Board requires two classifiable fingerprint cards or *Live Scan* fingerprinting. A permit will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation. See Information.

An applicant, who signs this application when he/she is located outside of California, shall swear to the truth of the statements contained herein and on any attachments hereto, before a notary public or other person authorized by law to administer oaths.

Subscribed and sworn to before me on this

(Signature of Notary)

_____ day of _____, 20_____.

(Address)

(Notary Seal)

My commission expires _____
(Date)

INFORMATION COLLECTION AND ACCESS

The information in this application is mandatory and is maintained by the Executive Officer in accordance with Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility for Licensure by Credential. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, or for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted in this application may, under limited circumstances, be made public.